## **MIAMI-DADE COUNTY**

#### OFFICE USE ONLY

CANDIDATE OATH -	Proof of residency provided:  Driver's License	
NONPARTISAN OFFICE  (For use by Mayoral, County Commission, Community Council and Property Appraiser Candidates)	☐ Voter Information Card ☐ Property Tax Receipt	Homestead Exemption Receipt
(Section 99.021, Florida Statute and I)  (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE am a candidate for the nonpartisan office of Miami-Dade County, Florida and the Home Rule Charter of Miami-Dade County to have qualified for no other public office in the state, the office I seek; I have resigned from any office from wh Statutes; and I will support the Constitution of the Unite I affirm that I am a resident of Miami-Dade County, me	BALLOT - NAME MAY NOT BE CHANGE  OFFICE  a; I am qualified under the Co  o hold the office to which I de  e term of which office or any pa  nich I am required to resign p  ed States and the Constitution  eet the minimum residency re	equirements for this office, and am
submitting proof of my residency in the district for the have read the foregoing Oath of Candidate and that the	e facts stated in such are true.	enalties of perjury, I declare that I  manuel machado  a. hellen there
8ignature of Candidate Telepho	one Number	Email Address
8ignature of Candidate Telephone POROX 960907 Mian	mi FL	<u> </u>
8ignature of Candidate Telephone POROX 960907 Mian	mi FL City St	Email Address  33296  ate Zip Code
8ignature of Candidate Telephone POROX 960907 Mian Address	City FL	Email Address  33296  ate Zip Code
8ignature of Candidate  POPOX 960907  Address  Candidate's Florida Voter Registration Number (located STATE OF FLORIDA COUNTY OF	City FL	### ##################################

#### RECEIVED

2012 MAY 24 PM 4: 04

MIAMI-DADE ELECTIONS



FORM 6 FULL AND PUBLIC DISCLO	DSURE OF	2011
Please print or type your name, mailing address, agency name, and position below:	STS	
LAST NAME — FIRST NAME — MIDDLE NAME:	FOR 20HEIGH Y 24 PM	h: 0h
Machado, Manuel M.	USE ONLY:	
MAILING ADDRESS:	MAMI-DA ECECTION	,DE
P.O. Box 960907	ÉLECTION	<del>{S</del>
	ID Code	
CITY: ZIP: COUNTY:	15.44	
Miami, Fl 33296 Miami-Dade	ID No.	
NAME OF AGENCY:	Conf. Code	
NAME OF OFFICE OR POSITION HELD OR SOUGHT :	P. Reg. Code	
Miami-Dade County Commissioner District # 11		
CHECK IF THIS IS A FILING BY A CANDIDATE		2011 PDF Form 6
PART A NET WORTH		
Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note: Note:	let worth is not calculated by	subtracting your reported
My net worth as ofMarch, 31, 20 <u>12</u> was \$	(139,231)	····
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS:  Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.		
The aggregate value of my household goods and personal effects (described above) is $\$$ $\$$ 1,4	-00	AND SECTION OF THE SE
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:  DESCRIPTION OF ASSET (specific description is required - see instructions p	page 4)	VALUE OF ASSET
Chase Bank Bird Road and 152 Street Branch		2,000
Cape coral Land (605 Sw 21st Terrace 33991)		5,600
House (	· .	155,000
Legg Mason Funds (Roth I.R.A.)		12,800
County Fund Nationwide Tradicional I.R.A.		5,214
PART C LIABILITIES		
LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):  NAME AND ADDRESS OF CREDITOR	•	AMOUNT OF LIABILITY
Nation Star P.O. Box 650783 Dallas Tx, 75265 Mortgage on (6544 SW 148th	n Pl Miami, Fl 33193	320,400
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE: NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
NONE		

You may <b>EITHER</b> (1) file a complement identifying each separate so of Part D, below.	ource and amount of income	l income tax re which exceeds	s \$1,000, including secondary	sources of income,	its, OR (2) file a sworn state- by completing the remainder
I elect to file a copy of my [If you check this box and	2011 federal income tax retu attach a copy of your 2011 ta	rn and all W2's ax return, you r	s, schedules, and attachments need not complete the remaind	-	
PRIMARY SOURCES OF INCOM NAME OF SOURCE OF INCOM		e 5): 	ADDRESS OF SOURCE OF I	MIAMI-I NCOMEELECTI	
Board of County Commi	ssioners W2 (2011)	111	N.W. 1st Street, Miam	ni Fl 33128	55,554
Currently on leave absence	e since April 1, 2012	111	N.W. 1st Street, Miam	ni Fl 33128	0.00
		,			
SECONDARY SOURCES OF INC NAME OF BUSINESS ENTITY	NAME OF MAJOR S OF BUSINESS' II	SOURCES	inesses owned by reporting p  ADDRESS  OF SOURCE		ns on page 5]: PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	NONE				
	+N/H				
	,				
PAI	RT E INTERESTS IN	SPECIFIEI	BUSINESSES [Instruct		
NAME OF	BUSINESS ENTITY #	¥ 1	BUSINESS ENTITY # 2	! BI	JSINESS ENTITY # 3
BUSINESS ENTITY	NONE				
ADDRESS OF BUSINESS ENTITY	N/H				
PRINCIPAL BUSINESS ACTIVITY	N/A				
POSITION HELD	NI/A				
I OWN MORE THAN A 5%	NIA				
NATURE OF MY	11/14				
OWNERSHIP INTEREST	s / / /				
IF ANY OF PARTS A	THROUGH E ARE CO	NTINUED (	ON A SEPARATE SHEE	T, PLEASE CH	ECK HERE
OA	ГН		TE OF FLORIDA DADE		
I, the person whose name appears	at the	Swoi	n to (or affirmed) and subscri	bed before me this	22ND day of
beginning of this form, do depose of	on oath or affirmation				
and say that the information disclos	sed on this form		MAY ,2012	by Heenir	VIA MORENO .
and any attachments hereto is true	, accurate,			4	• • • •
and complete.			Albania Cul	// 33 44 44	minia Moreno
		Sign	ature of Notary PublicState	EXPIR	SSION #DD847394 ES: DEC. 22, 2012 AARONNOTARY.com
Affind all		(Print	, Type, or Stamp Commission	ned Name of Notary	Public)
SIGNATURE OF REPORTING OF	FICIAL OR CANDIDATE	Perso	onally Known	OR Produced Iden	tification
		Туре	of Identification Produced	-	-

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need to file are described on page 6.

### OFFICIAL RECEIPT MIAMI-DADE COUNTY-FLORIDA

For Compaign Qualifying County Commissione

No. 6741171

	RECEIVED FROM MANNY Machado	DATE	1 25 DAY	// <u>/ 2</u>
		Cash \$	DAI	·
	STREET ADDRESS  F/ 3329 C  CITY STATE ZIP	CHECKS \$		360.00
Amount of	F: Three Hundred and Six/ Dollars, and NO CENTS	TOTAL \$		360.00
	NT OF: Qualiquing Fee County Comm. Dist 1	1		
	EIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUT	the state of the s	YEE OF	DEPARTMENT.
FOR O	FFICE USE ONLY			
Trans	SUBSIDIARY INDEX CODE SUB	зовјест	Амо	UNT
107.01-1 6/04				
	MANUEL MACHADO CAMPAIGN ACCOUNT 6544 SW 148 PL MIAMI FL 33193 5 2112	100 63-915/6 0	660 190	
	Pay to the Micmi Dade Board of County Commission Three hundred and sixty dallars	ek\$360. £	8	
	Three hundred and sixty dollars	Dollars 🚹	Security Features Details on Back.	



# Access to Handbook and the EIVED Election Laws of the State of Florida 2012 HAY 29 AM 12: 49

Candidate/Chairperson:		MIAMI-DADE ELECTIONS
Manue/	Mede/	Machado
First Name	Middlé Name	Last Name
District 11	Office Sought / Organization	m; ss i oner
	omoc oddyner organization	<b>'</b>
requirements described in County Elections Department  Candidate Qualifying Har Contains information on Security Laws and and Procedures, Important	the following resources t Website:  Indbook (http://www.miamidade.com/ State Laws and Handbooks, the Handbooks, Qualifying Information, and interpretation of the Candidate Information of the	e Election Laws of the State of nation, Electronic Reporting Dates Recent Legislative Changes.  gov/elections/pacs.asp)
Florida, County Laws and	State Laws and Handbooks, the Handbooks, Electronic Repor I mation, and Recent Legislativ	•
Acknowledged by:	Candidate / Chairperson	Signature
Date: 05-29-20	.2	
Primary Telephone Number	:: <u>786 - 32.</u>	5-9270
Alternate Telephone Numbe	er: <u>786-270</u>	0-0/34
E-mail address: Man	ny C manny machach	for commissioner con